



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

What Would Grandma Say About Performance Measures and Outcome Measures?

- submitted by Darlene
Goodrich, Division of Adult
& Child Health

My task was to write an article for *The Local Health Link* that describes the Maternal and Child Health Performance and Outcome Measures and to make sure it is written "so your Grandmother would understand." Well my Grandmother, Catherine Schwartz, always said "Don't be bothered doing it if you can't tell the difference!" or "Make sure you do your homework so you can get a good grade on your



test." Sometimes Gram would say "I'll give you a dollar for every 'A' that you get on your report card." Simply put, that is the philosophy behind the Title V, Maternal and Child Health Block Grant Performance and Outcome Measures.

Grandma Schwartz said "You have to know where you've been to know where you're going." Since my Grandmother always knew best, I thought I would provide a little historical perspective to how we got to those MCH performance and outcome measures.

CONTENTS

Central Office	
Comments...	3
Epi	
Epistles.....	5
LHD 'Lights'.....	6
Staff Spotlight.....	7

Title V, or as we know it, the Maternal and Child Health Block Grant, is really Title V of the Social Security Act. For years, it was administered by the Children's Bureau. Over the years the health programs associated with the Children's Bureau transferred to the Public Health Service. Then in 1981, with the Omnibus Budget Reconciliation Act (OBRA '81), federal funding for Maternal and Child Health (MCH) came with decreased state reporting requirements and accountability. It eliminated some of the requirements that specific amounts must be spent on certain groups of people and put all of the money into a single "block grant" to the state. Incidentally, Gram would have thought Omnibus would have been something she could catch to downtown Cincinnati, but it also means providing for many things at once. In 1989, OBRA-89 required states to spend their block grant money among certain population groups again and also required more state planning, data collection and reporting requirements. In 1993, Congress passed the Government Performance and Results Act (GPRA) that required federal agencies to develop strategic plans, prepare annual plans setting performance goals, and report on actual performance. Now do you see where we are going?

In 1996, Title V Directors received correspondence from the Assistant Secretary of Health that

introduced the idea of "incorporating concepts of performance partnership grants." The letter talked about how these partnership grants would allow states to develop and implement activities according to what the state thought they needed to do. It also said that states would be held accountable for meeting the objectives they came up with based on the needs and priorities they determined. The information that came along with this letter stated "Only programs that can document their success are likely to survive---and success will be measured in demanding terms. It will no longer be sufficient to document **need**. We must also be able to prove that programs are **effective**." These partnership grants are a new way of doing business for the federal government with the states. They provide states and localities more flexibility to solve their problems, in return for more accountability for results. In Grandma Schwartz's language, "The cream always rises to the top." I know that if you keep churning away, you can turn the cream into sweet butter. But it also reminds me of another Grandma Schwartz story. Every Spring, our front yard would be filled with dandelions and Grandma would give me a nickel for digging up the dandelions. One time I thought I could just pick the yellow flowers since she was nearly blind, but when the dandelions bloomed the next day, she knew I had not done the job as she expected. Of course, I had to give the nickel back. We must

be accountable for results and have data to prove it.

Next there was a meeting of all of the State Title V Directors with the federal MCH staff where the partnership discussions began. They agreed upon a set of performance measures that all states would be responsible for reporting on. The technical definition of a performance measure is: a narrative statement that describes a specific maternal and child health need or requirement, that when successfully addressed, will lead to, or will assist in leading to, a specific health outcome within a community or jurisdiction and generally within a specified time frame. Their example is "The rate of women in Kentucky who receive early prenatal care in 1999. This performance measure will assist in leading to (the health outcome measure of) reducing the rate of infant mortality in the state."

Translating this into "Grandmother language," Gram would say "Make sure you do your homework on time so you can get a good grade on your test." The good grade on the test is the "outcome" she and I both wanted. Unless I studied and did my homework there was no way that I would get a good grade. It was the efforts I made along the way that could be measured that led to the good grade. Sometimes it was doing my homework, sometimes studying a little longer, or maybe getting plenty of sleep the night before the test. The outcome remained

the same, and doing my homework was the one thing that Gram thought would make the most difference in the grade. My Mother may have thought that it was getting plenty of sleep and making sure I had breakfast that morning. In other words, there may be many performance measures that lead to the outcome that is wanted, but there are certain performance measures that lead to the outcome that is wanted, but there are certain performance measures that the federal and state partnership determined are important and that all states must address. Gram would say, these are the things that I know work. "Doing your homework will get you a better grade on your test!" But the activities, programs, efforts, whatever, on how you get to that measure or outcome depends on what works best for you.

Since this is a partnership, each state was expected to identify seven to ten additional performance measures based on what they thought were the most important maternal and child health needs. The Division of Adult and Child Health developed seven state performance measures that relate to programs or activities that are important to Kentucky. Each year, when the state re-applies for the Maternal and Child Health Block Grant, the state and federal staff sit down together to review progress on meeting the performance measures, talk about what is working well in the state or question why certain activities

are not done. For instance, last time the federal staff suggested we have a measure related to teenage smoking since the numbers say that Kentucky ranks number one in teens who smoke.

So what is the connection with the outcome measures? Again, the technical definition follows. "The ultimate focus and desired result of any set of public health program activities and interventions is an improved health outcome. Morbidity and mortality statistics are indicators of achievement of health outcome. Health outcomes results are usually longer term and tied to the ultimate program goal. Outcome measures should answer the question, 'Why does the State do our program?'" Gram would say "Don't be bothered if you can't tell the difference." She also might say "Don't put all your eggs in one basket." If our outcome is the child death rate per 100,000 children age 1-14, we obviously over time want to see that rate get lower and lower. We know that for some children there is little that can be done to save their lives. But other children die from causes that can be prevented. There is a national performance measure that addresses the rate of deaths to children age 1-14 caused by motor vehicle crashes per 100,000 children. There is a clear connection between this performance measure and the outcome measure. But my Grandma Schwartz would also say "There are many paths to get

to the mountain top, and some may get you there faster." We know that children also die from other preventable causes such as smoke inhalation from house fires, drowning in bath tubs or swimming pools, and on and on. Why would we want to limit our injury prevention efforts to only motor vehicle crashes if our outcome is to reduce all child deaths? Examples of paths to the mountain top just related to fire deaths include: working with the local fire department on smoke detector giveaway programs, teaching children to "Stop, Drop and Roll," not to hide in closets if there is a fire in their home, that fire-fighters can look really scary in their equipment and not to be afraid of them or to tell if they started a fire. All of these efforts have the potential to save a child's life from burns or smoke inhalation. If you look at each of the national and state performance measures and think about what can be done in your community to address this problem, the collection of many efforts across the state should reduce child deaths. There are indeed many paths to the mountain top.

Central Office Comments

Public Health Commissioner

Rice C. Leach is pleased to announce that Ms. Sarah J. Wilding, a registered nurse, joined the Department for Public Health as Principal Assistant and Chief Nurse effective November 1, 1999. Ms. Wilding

brings a broad-based understanding of nursing. She has been a hospital nurse in Lexington and Louisville, has worked in a local health department and worked for many years in a variety of areas of the Department for Public Health especially in areas related to maternal and child health issues. She has been involved in legislative initiatives, public and professional awareness initiatives, and coalition building. More recently she has been working on quality improvement, performance monitoring, and outcome measurement in the Department for Medicaid Services. In addition to her extensive nursing experience, she has a masters degree in Public Administration. Please join me in welcoming Sarah J. Wilding to the Department for Public Health.

On September 1, 1999, Mr. James Carreer joined the staff of the Department for Public Health as program analyst. He is located in the commissioner's office and is responsible for coordinating regulations, legislative liaison, the council on public health and other duties similar to those previously managed by Ms. Dee Swain. Mr. Carreer grew up in Connecticut and spent thirteen years in the United States Army. He became an officer after completing Officer Candidate School. He has degrees from Cameron University, the Central Michigan and the University of Louisville Law School. He was in private practice and joined the

Cabinet for Health Services in 1995 in the administrative hearings branch prior to joining the Department for Public Health.

It is my pleasure to introduce our new Director of the Division of Laboratory Services, Dr. Samuel B. Gregorio, Dr.P.H., SM (AAM). Dr. Gregorio is a graduate of the University of Michigan where he earned his Doctor of Public Health degree in Public Health Laboratory Practice. He also holds a Master of Public Health degree from the University of Hawaii and a Master of Arts degree from Silliman University in the Philippines. Furthermore, he undertook Post Doctoral work at the University of Kentucky in the areas of Pharmaceutical Sciences and Oral Biology. In addition, he completed the Kentucky Certified Public Manager's Program at the Governmental Services Center.

Dr. Gregorio's professional experiences include laboratory management, research, communicable disease control, epidemiology and teaching. He has published papers and made presentations on microbiology and public health in scientific meetings.

Dr. Gregorio came to state government in 1981 in the Natural Resources and Environmental Protection Cabinet. He served as manager of the Microbiology Branch, Division of Laboratory Services/CHS, from 1983 to

1999 and as acting Laboratory Director from August 1998 to September 1999.



Just a Note of Thanks...

As this year comes to a close I want to thank everyone associated with public health for the truly outstanding effort over the last year. In a recent edition of the *Local Health Link* I talked about this being a year for the books and at the Department awards ceremony last month I mentioned that I had the privilege of leading some 4500 award winning public health workers in the state and local health departments. You guys really have brought the good ship Public Health through some of the stormiest seas anyone could imagine. Because of your commitment and your dedication, we are still delivering the services, the food supply is safe, the x-ray equipment works and although it sometimes takes longer than people like, you can get a birth certificate. I am indeed

proud to be your commissioner.

The future clearly holds more change for us. The financing of health care is still up in the air so it is likely that we will be up in the air too. There are some strongly encouraging signs out there. For starters Governor Patton has presented the general outline of his Early Childhood Development plan. That plan is loaded with opportunities for public health departments to contribute to the well being of our state's children. Secretary Jimmy Helton, who spent his first career in the medical service corps of the United States Army, has frequently spoken about prevention. In fact, the first thing he said at the press conference where he was introduced was his interest in prevention. Some of the larger health maintenance organizations are beginning to talk to us more seriously about helping provide services to patients in areas where they don't have sufficient providers.

But this is all for the future, for now please enjoy the coming holidays, take time to recharge your batteries,

and come back to hit it again as we enter the next century.

- *submitted by Rice C. Leach, MD, Commissioner, Department for Public Health*

Epi Epistles

Commissioner's Conference on Public Health Information a Success:

Thanks to all of you who participated in the Commissioner's Conference on Public Health Information held August 12-13, 1999, at the Executive Inn West in Louisville. We have heard an abundance of positive feedback regarding the conference from the participants, panelists, and planners.

The main goal of the conference was to launch our thinking about public health, information, and dissemination in a new direction. The conference had three objectives: to educate, to identify and organize stakeholders, and to launch a strategic planning effort for public health information. The day and a half was intense but well worth the effort. By gathering stakeholders together for this event, the necessary groundwork was laid for further developing a strategic plan. Participants included those representing both public and private organizations and a variety of disciplines.

The buzzword for the conference was "informatics". We can think

of informatics as the systematic application of information and computer science and technology to public health practice, research, and learning. We were fortunate to have such knowledgeable speakers to help us develop and organize our thoughts about this topic. During the plenary sessions on Thursday morning, Dr. Claude Earl Fox from HRSA discussed the core functions and information requirements of public health, and Dr. Patrick O'Carroll (CDC) presented "Bridging the Gap between Public Health and Information Technology: Public Health Informatics". Dr. William Yasnoff (CDC) discussed public health informatics infrastructure. All plenary speakers are experts in the field of health information. During the luncheon session Aldona Valicenti, Kentucky's Chief Information Officer, gave us her views and direction for the state. We were also presented with some excellent examples of how others are using the concept of informatics as well and a very powerful tool, the Internet, to change how they do business. New York State, Washington State, and Missouri are forerunners in the way they collect, share, analyze and disseminate information using the web. For more information on these innovations, see their websites at:

- New York – <http://www.health.state.ny.us>
- Washington – <http://www.chita.org>

- Missouri –
<http://www.health.state.mo.us/GLRequest/profile.html>

On day two, breakout sessions were held on changing business models, making data comparable, protecting privacy and security, and identifying units of interest. Speakers for these sessions were fascinating as well as informative. Many innovative ideas were presented that will greatly assist in formulating an informatics strategic plan for the Kentucky Public Health System.

- submitted by Tricia Williams,
Division of Epidemiology &
Health Planning

LHD 'Lights

Dr. Leach and PHN's at EKU:

What an interesting "first" for the five of us! On the evening of September 21st, Dr. Rice Leach, Commissioner for Public Health, Linda Burke, Cris McCray, Margaret Stevens, and Peggy Ware of the Public Health Nursing Branch, were all guests of Dr. Cora Withrow, in her Eastern Kentucky University Community Nursing Class. The four hour videoconference is set up for Registered Nurses who want to return to college for a B.S.N. This year they are located in five sites: Manchester, Hazard, Danville, Richmond, and Corbin.

The exciting "**first**" about all of this was that none of the PHNs had done a videoconference before, especially not in a "real live studio" with Dr. Leach.

Getting used to the "Ready, 5-4-3-2-1" count down was just a little nerve-racking! Of course, Cris McCray, in her presentation about Medicaid Managed Care or our aging population, was a natural. This runs in the family, from Cris watching her son, Hal Sparks, newest emcee on E! Entertainment's "*Talk Soup*". Dr. Leach also appeared the "Calm, Cool Co-host" talking right to the up-close-face-to-face camera and making jokes with his historical information laced with a surprising crisp humor. The off-site audience apparently really enjoyed his sharp wit and even complimented him saying "Wish more doctors that they knew were like him."

Peggy Ware, an EKU School of Nursing graduate, learned that she was quite photogenic, even when talking about "Simplified Access" or "Disaster Preparedness". Likewise, Margaret Stevens, another EKU grad, hosted a fast-moving, multi-topic presentation of "Immunizations, Communicable Disease and Teenage Pregnancy". Linda Burke summarized Core Public Health and what's coming up in the 21st century.

Overall, the presentation addressed public health in Kentucky and focused on health promotion, screening and risk reduction, and health education as therapeutic tools of practice, the topic of the course session. The audience of nurses interacted with several questions about

relevant current health issues and the availability of information and data.

A few of the major facts presented are key to the practice of public health:

- Population-focused community-based health is a multidisciplinary team effort.
- Public health should promote health, protect health and environment, and prevent disease, injury, disability, and premature death.
- The entire community is public health's client. Everyone must be involved.
- No one of us is as smart as **all of us**.
- "Simplified Access" is an attempt to pull health services information together in such a way that will be more readily available to health care providers, as well as be more convenient for the client, with a "single point of entry".
- Disaster preparedness is one of public health's CORE activities and must be conducted for each individual community with all available resources involved.

Some of the specifics mentioned were:

- In the 70's, the "immunization" focus was to complete vaccines for school age children, in the 80's, the focus was to immunize the adult population, and in the 90's, it has been to immunize preschoolers. By

the time a child is 2 years old, he/she should have received 80% of vaccines needed prior to school enrollment.

- Teenage pregnancy national statistics:
 - Every 26 seconds another adolescent becomes pregnant
 - Every 56 seconds another adolescent gives birth
 - Every hour 56 children are born to teenagers
- The goal of prenatal services in local health departments is to ensure a healthy pregnancy and baby. The prenatal teen receives counseling on issues important to good prenatal care such as nutrition, weight gain, sexually transmitted diseases, breast-feeding, pre-term labor, contraception, and early parenting information.
- Public health professionals have a fundamental responsibility with regard to the prevention and investigation of infectious diseases. They must ensure that all infectious diseases are reported, that proper procedures are in place to promptly respond to outbreaks, and that spread is appropriately controlled.
- Screenings for mammograms and PAP smears are an example of how public health acts as a safety net for low-income women to assure that they receive the care that they need.

- Kentucky has the nation's second highest average annual age-adjusted cervical cancer mortality.
- Resource Mothers and HANDS (Health Access: Nurturing Development Services) assist pregnant teens and first time pregnant families because of an increased awareness of child abuse and neglect.
- Medicaid Managed Care and the K-CHIP (Kentucky Children's Health Insurance Program) are both to help assure that people get necessary and appropriate health care, particularly children through their 19th birthday who do not have health care coverage and meet eligibility requirements.
- Of our aging population, the vast majority fails to receive check-ups, vaccines or other preventive care. Most of the elderly choose to remain in their own homes as long as possible, creating an increased need for in-home services.
- In the 21st century, Public Health Nursing will be an integral part of serving each community, in new sites of services, in expanded roles and responsibilities, and with increased competencies.

Dr. Leach summed up the entire evening, as well as the role of public health-----our purpose is to serve the people: to launch the next generation; give them roots to grow and wings to fly.

The five of us did agree that we were glad the excitement was over but after the adrenaline surge waned, we still had to drive back to Frankfort. Now that we've all experienced being anchors, the only question is "Will we be ready for next year?" "Night, Chet."

- submitted by Linda Burke,
Division of Local Health
Department Operations

Staff Spotlight

Distance Learning via the Internet – My Experience:

I recently started back to school via the Internet. I am pursuing a Masters Degree in Public Health through Emory University. While I was sitting through the week long orientation, I had no idea that the future 16+ months of my life would be filled with e-mail, chat rooms, on-line discussions, and midnight deadlines for homework and tests.

Presently, I am enrolled for three graduate classes. We have weekly lessons posted by the professors and we are also given tests over the Internet. Discussions are included weekly and are conducted over the discussion board for each class. For those of you who are considering pursuing a degree or just taking a class or two via distance learning over the Internet, I have a few pointers from a newly initiated cyber student.

Access the web frequently---daily if you can. Teachers and students submit messages on the

discussion boards that will make your work easier.

Communicate with your teacher/instructor. Since all of the people in my class are employed and some are parents of small children, there are times when they cannot get assignments and problems in by the deadline due to unforeseen problems that are part of living. If your teacher/instructor knows that, then they will allow you to complete your work in a time period that is/will be more convenient for you.

Be as organized as possible. Develop notebooks for each class just as you would if were attending a regular class.

Be committed in getting your work done as soon as possible. The longer you put off doing an assignment, the easier it is to forget it.

Don't be intimidated by computer technology. This is a tool to use to make learning and applying learning techniques easier.

In conclusion, I feel this is an excellent way for a person working full time to further their education. It may not be for all students, but it can be a catalyst for the dedicated, self-motivated individual to increase their knowledge.

Editor's Note: Ms. Simmons is participating in the CDC-sponsored Graduate Certificate

Program (GCP). She was selected to receive one of the guaranteed scholarships to public health professionals, including state, county and local professionals.

- *submitted by Anita Simmons, Christian County Health Department*

Location? My name is Gladys Gilbert and I have worked for the Gateway District Health Department since May 1993. I spent over five years at Rowan County and am now in Bath County.

In March of this year, when I was transferred, I was unable to find my new work place. Therefore, I stopped two ladies walking and asked for directions to the health department. They both stated they didn't know where it was, and this is a very small community.

When I was in Rowan County, they did not have any directional signs to their health department and I'm wondering, now going into managed care, if clear directions to local health departments may prove useful, not only to the stability of our establishments but also to the clientele we serve.

Sometimes when looking at the larger picture, we tend to leave out the important details. Even when Mr. Bob Nelson came on his last visit to Bath County, he stated he had trouble finding the health department.

My thoughts are if we as employees and community can't find our local health department, then the people who move into our neighborhoods must have more difficulty. I have been to no other health departments in this district, but I was wondering if this is a widespread problem or just oversights.

In both Rowan and Bath, clients have called to get directions to these health departments. I feel we would be more user friendly if we had clear and explicit directions, that even the elderly could see and be able to follow, as they are a group we don't seem to be reaching. We usually have the elderly turning out only for flu and pneumonia immunizations, and a majority of them are done at their local physician's office.

Just a Thought!

- *submitted by Gladys Gilbert, Bath County Health Department*

Community-Based Planning in Action: How Warsaw Applied for \$5,000 from Wednesday Noon to Friday at Close of Business: On Wednesday, July 7, 1999, a private health foundation contacted Warsaw Judge Executive George Zubaty about monies available for health-related projects. Seemingly the only catch was that a grant application had to be into the Cincinnati office by close of business on Friday, July 9. Judge

Zubaty immediately consulted with Debbie Jones, the vice chairwoman of the Gallatin County Health-Related Services Committee. Ms. Jones, a public health nurse with the Gallatin County Health Center, began thinking for what to apply the \$5,000 offered.

Located in Northern Kentucky Gallatin County is a small rural county with a population of 7,000. The poverty level of the county's population is 15 percent. Twenty-two percent of infants and preschoolers and 21 percent of school age children live at the poverty level. In the Gallatin County schools 51 percent of children receive free or reduced lunches. These statistics led Ms. Jones and her health center colleagues to consider using the grant money for children by purchasing more car seats, child helmets, and electrical outlet covers.

Fortunately for Gallatin County, Warsaw already had in place an active committee to deal with just such issues of how to spend a windfall of funds for health care. Composed of members from a broad range of the community----the family resource center, community action, protection and permanency, family support, senior citizens, health department, a private physician, and a mental health center----the Gallatin County Health-Related Services Committee was prepared to act. The next day on July 8, Judge Executive Zubaty

and Ms. Jones convened this committee.

Moving from children and bicycle helmets to meals for the elderly and medicine for adults...

After discussing the merits of Ms. Jones' proposal from the health center, the Health-Related Services Committee considered more imperative needs in Gallatin County. A large number of the elderly were on the waiting list for a hot meal a day through Senior Services, and many adults required temporary assistance for medication. The committee realized there are adults who fall through the cracks—who are not on disability or on federal or state medical assistance. With these priorities in mind, the committee voted to apply for a grant that would be equally divided between food and medication.

The good news is that Judge Zubaty delivered the grant application to the Cincinnati office late Friday afternoon, July 9, 1999. The bad news is that the grant monies, although verbally promised, have not actually been awarded to date.

More good news is the way in which this adrenaline rush of applying for a grant has mobilized the Health-Related Services Committee. Committee members have been talking among themselves about the transportation problem in Gallatin County. Transportation is a major problem in the community because of no bus service and expensive but

minimal cab service. Now the committee is looking into ways to collaborate on improving medical transportation services for the community.

"The cooperative way our health center assisted in applying for this grant by closely working with the Health-Related Services Committee gave our community an entirely different perspective of us. I think people saw us as flexible and willing to change our plans to help out the entire community. And it gave our health center staff a new way of looking at the health requirements of the community. It's exciting but demanding to move from services in the four walls of our health department to being out into the community. We are really looking at health problems out in our community and getting out of the clinic to help solve those problems. This is truly community-based planning at its best." --Debbie Jones, RN, Gallatin County Health Center with the Three Rivers District Health Department

Working in the Schools: How Knox County Manages It:

"A sound mind in a sound body is a short but full description of a happy state in this world." --Some Thoughts on Education, John Locke, 1693

Seventeen years ago the health department was invisible in the Knox County schools. Then 15 years ago Linda Barnett of the Knox County Health Department

went with the health educator to visit the Barbourville city principal. The two asked the principal if the health department nurses could teach health education classes in his school. He responded that if the Knox County School System would let them into its schools, they could work in Barbourville High too. (He already knew the county superintendent wouldn't let the health department work in the schools.) Ironically this city principal later became the county superintendent who allowed clinic nurses in the schools.

The Knox County Health Department began with four out of eleven county schools by putting nurses in the schools part-time. With nurses in the two county high schools and the two largest elementary schools, the department had a good blend of students from whom to learn. Now the health department is in all 11 of Knox County's schools every day. There are four schools who share two nurses while all the other schools have fulltime nurses. The nurses do well-child physicals and immunizations and whatever the schools want, such as checking for head lice, teaching health education topics, and giving first aid.

Health department staff received a great deal of community support for their efforts. The resource centers in the schools chipped in money. Parents were very receptive and actually found needed materials and supplies. Examples: they had equipment

like blood pressure cuffs and physician scales donated.

From the beginning the school clinic nurses had few detractors. Initially some of the parents' fears were that nurses would be passing out condoms or making them available in the bathrooms. The school nurses handle no birth control issues; rather they refer students back to the health department. Some schools do perform a limited number of pregnancy tests, however.

First thing in the morning nurses see sick kids with the usual headaches and stomachaches. They can give medication only with special consent forms. The nurses make it a point to check on the chronically sick call kids and may do a partial physical examination to determine if anything is actually wrong with the child. Of course, pulling school records to make sure shots are up-to-date is a never-ending story for the nurses. Another big help for students, parents, and teachers is that the nurses give the medication for attention deficit syndrome, following very strict protocol with permission slips, medical logs, etc.

From day one the schools' response has been very positive. And the parents are most appreciative of how efficient the nurses have been. When a parent comes into the school clinic with her 10-year-old, and her five-year-old in tow, staff can give immunizations right then to the pre-school child. This has

prevented that last-minute great rush in the health department for immunizations. School clinic nurses also give flu and tetanus shots, and check cholesterol and blood pressure for teachers and the schools' support staff.

Right now the biggest concern is how managed care will affect Knox county's school clinics especially because of the high Medicaid population in Knox County. Ninety percent of children in one of the largest elementary schools receive free and reduced lunches. The two high schools qualify for the highest cap amount for resource centers from the Kentucky Department of Education. And this cap is based on the percent of students on free and reduced lunches. At the present time the schools' resource centers, the health department, and Medicaid are paying for the schools' clinics.

Eventually Knox County hopes to have a fulltime nurse in each one of the four schools which now must share nurses on a part-time arrangement. Future plans also call for a computer system that will enable the school clinic nurses to check immunization and health records with the health department. As things now stand nurses call the health department and tie up a clerk with verifying records. In Knox County this means long distance telephone calls.

One of the greatest successes has been in showing schools the

benefits of good health to enhance the quality of education for children. The involvement of the school clinic nurses has helped to keep young people in school with the result that attendance has improved in the Knox County school system. Another benefit is that teachers have learned that school nurses can be trusted in their classes to deal with some important health topics.

People in Knox County have come to see the health department as a worthwhile agency. School clinic nurses and health department staff frequently comment that everywhere they go in the community---whether at a football game or the grocery store or church---a parent thanks them for their effective work in the schools.

"Knox County has a population of 32,000 people; obviously we can't treat that many people in our health department. But by being in the schools we have really opened doors into the community. People now perceive the health department as much more than just a place where kids come to get their shots. By creating a high level of visibility for ourselves in the community, we in the health department are now seen as a great benefit to Knox County." --Linda Barnett, Director of Administrative Services, Knox County Health Department

- submitted by Sylvia Cherry,
DPH

Training Tidbits

RTC Training Courses – FY00

The Emory University Regional Training Center, Atlanta, GA, will provide fifteen (15) course offerings during fiscal year 2000 (July 1, 1999 – June 30, 2000).

All fifteen (15) offerings along with course content and some registration forms have been forwarded to District Training Contacts and LHD Administrators. **Any LHD employee wishing to attend these offerings should contact their District Training Contact or LHD Administrator for course content and registration forms.** Course dates, locations, and titles have been forwarded to each District Training Contact and LHD Administrator, as well as listed below:

3/1/00 Building a Winning Team

Louisville

3/27/00 Assisting Clients to Change Behavior
Lexington

4/7/00 Role of Family Involvement in Reducing Sexual Coercion
Lexington

4/14/00 Interpersonal Skills for Office Professionals
Frankfort

5/3/00 Advanced Counseling Skills
Lexington

5/5/00 HIV Update
Louisville

5/8/00 Adolescent Health
Lexington

5/19/00 Role of Family Involvement in Reducing

Sexual Coercion
Bowling Green

6/2/00 Adolescent Sexuality
Lexington

6/16/00 Creating an Efficient Clinic
Louisville

6/22/00 Current Reproductive Health Issues for Clinicians
Lexington

6/23/00 Pharmacology Update for Women's Health Care Staff
Lexington

Ms. Sandy Williams may be contacted regarding RTC opportunities at 502-564-4990.

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:



Please submit articles, staff
spotlight nominees, or
suggestions for the newsletter to:
Sandy Williams, Editor
DPH – Training Branch
275 East Main St.
Frankfort, KY 40621
E-mail:
[sandya.williams@mail.state.ky.u](mailto:sandya.williams@mail.state.ky.us)

[s](mailto:sandya.williams@mail.state.ky.us)
502-564-4990
502-564-4553 (FAX)

**Wishing all of you a
very safe and happy
holiday season!**